

## Completion Instructions For The Alabama Medicaid Agency Referral Form (Form 362)

**TODAY'S DATE:** Date form completed  
**REFERRAL DATE:** Date referral requested  
**RECIPIENT INFORMATION:** Patient's name, Medicaid Number, Date of Birth  
**PRIMARY PHYSICIAN:** Primary Physician information. Must be signed by Primary Physician or designee  
**SCREENING PROVIDER:** Screening provider must complete and sign if referral is the result of an EPSDT screening and the Screening Provider is not the Primary Physician.

**TYPE OF REFERRAL:**

- ♦ *Patient 1<sup>st</sup>* - Referral for Patient 1st recipient only
- ♦ *Lock-In* - Referral for recipients on lock-in status who are locked in to one doctor and/or one pharmacy
- ♦ *EPSDT* - Referral resulting from an EPSDT screening and child not on Patient 1st – Indicate screening date
- ♦ *Patient 1st/EPSDT* - Referral is a result of an EPSDT screening and the patient is on Patient 1<sup>st</sup> – Indicate screening date
- ♦ *TCM* - Referral for case management services through the Targeted Case Management Program

The referral form must indicate the number of visits/length of time the referral is valid for. **If this space is left blank the referral is not valid.**

**REFERRAL VALID FOR:**

- ♦ *Evaluation Only* - Consultant will evaluate and provide findings to Primary Physician
- ♦ *Treatment Only* - Consultant will treat for diagnosis listed on referral
- ♦ *Evaluation and Treatment* - Consultant can evaluate and treat for diagnosis listed on the referral
- ♦ *Hospital Care (Outpatient)* - Consultant may provide care in an outpatient setting
- ♦ *Refer to Other Provider For Identified Condition* - After evaluation, consultant may, using Primary Physician's provider number, refer recipient to another specialist as indicated for the condition identified on the referral form
- ♦ *Performance of Interperiodic Screening (if necessary)* - Consultant may perform an interperiodic screening if a condition was diagnosed that will require continued care or future follow-up visits
- ♦ *Referral To Other Provider For Additional Conditions (Diagnosed By Consultant)* – Consultant may refer recipient to another specialist for other diagnosed conditions without having to get an additional referral from the Primary Physician

**REASON FOR REFERRAL:** Indicate the reason/condition the recipient is being referred

**CO-MORBID DIAGNOSIS:** Indicate any condition present at the time of initial exam

**CONSULTANT INFORMATION:** Consultant's name and telephone number

**PLEASE SUBMIT FINDINGS TO PRIMARY PHYSICIAN BY:** The Primary Physician should indicate how he/she wants to be notified by the consultant of findings and/or treatment rendered.